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| representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. | protectify on additional sheets) TOTALS: meals, mileage, etc.) pranscripts, etc.) DAND ADJUSTED): PAYEE FOR THE PERIOD OF SERVICE TO: Payment Interim Payment Number Supplemental Payment payment Interim Payment for this YES NO If yes, were you paid? YES NO or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this If yes, give details on additional sheets. ctness of the above statements. | representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. | Signature of Attorney Date |
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